



## JASPER COMMUNITY ARTS JASPER ARTS CENTER

### HOLD HARMLESS AGREEMENT LIABILITY WAIVER

This Release and Waiver of Liability ("Release") executed on the \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_ ("Volunteer") releases the City of Jasper, Indiana, and employees, officers, elected officials, board members and any other agents. The Volunteer desires to provide volunteer services for CITY and to engage in activities related to serving as a volunteer \_\_\_\_\_.  
(Name of volunteer position/service)

Volunteer understands that the scope of Volunteer's relationship with CITY is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that CITY will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to CITY.

Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless CITY and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to CITY. I understand and acknowledge that this Release discharges CITY from any liability or claim that I may have against CITY with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to CITY or occurring while I am providing volunteer services.

Insurance: Further I understand that CITY does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of CITY beyond what may be offered freely by CITY in the event of such injury or medical expenses incurred by me.

Medical Treatment: I hereby Release and forever discharge CITY from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with CITY.

Assumption of Risk: I understand that the services I provide to CITY may include activities that may be hazardous to me such as "construction work" or hazardous activities involving inherently dangerous activities. I hereby expressly assume the risk of injury or harm from these activities and Release CITY from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.

Photographic Release: I grant and convey to CITY all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by CITY in connection with my providing volunteer services to CITY.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Indiana and that this Release shall be governed by and interpreted in accordance with the laws of the State of Indiana. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

\_\_\_\_\_  
*Individual's signature or Parent if under 18*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Emergency Contact*

\_\_\_\_\_  
*Phone*